

BOPUK 531.01 \* INMATE HISTORY \* 09-08-2006  
 PAGE 001 \* WRK DETAIL \* 07:45:18

REG NO.: 26864-039 NAME....: KELLY, LESLIE ROMILE  
 CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
BEN	DW CMPND	CMPND DETAIL	05-25-2006 0001	CURRENT
BEN	UNASSG	UNASSIGNED	12-22-2005 1352	05-25-2006 0001
BEN	FCI A&O	ADMISSION AND ORIENTATION	12-01-2005 1100	12-22-2005 1352
ATL	DCU UNASSG	DETENTION CENTER UNASSIGNED	11-30-2005 1411	12-01-2005 0414
TAL	JAIL	WORK ASSG (A-PRE/A-HLD)	11-23-2005 0900	11-30-2005 0454
JES	HVAC 2	HEAT/VENT/AC DETAIL	09-29-2005 0001	11-23-2005 0724
JES	UNASSG	UNASSIGNED	09-23-2005 1457	09-29-2005 0001
JES	UNASSG	UNASSIGNED	09-13-2005 1044	09-23-2005 0834
JES	SHU	SPECIAL HOUSING UNIT	09-12-2005 1334	09-13-2005 1044
JES	HVAC 2	HEAT/VENT/AC DETAIL	06-09-2005 0001	09-12-2005 1334
JES	IDLE2	IDLE - 2 DAYS	06-08-2005 0730	06-09-2005 0001
JES	HVAC 2	HEAT/VENT/AC DETAIL	03-04-2005 0001	06-08-2005 0730
JES	MED CONV	MEDICAL CONVALESCENCE	03-02-2005 0001	03-04-2005 0001
JES	HVAC 2	HEAT/VENT/AC DETAIL	10-05-2004 0001	03-02-2005 0001
JES	CMS	CMS CLERK	10-01-2004 0001	10-05-2004 0001
JES	ORDERLY C1	C1 UNIT ORDERLY	08-10-2004 0800	10-01-2004 0001
JES	UNASSG	UNASSIGNED	08-09-2004 1603	08-10-2004 0800
JES	A&O	ADMISSION & ORIENTATION PGM	08-03-2004 1315	08-09-2004 1603
JES	UNASSG	UNASSIGNED	08-02-2004 1256	08-03-2004 1315
JES	SHU	SPECIAL HOUSING UNIT	07-16-2004 0715	08-02-2004 1256
TAL	JAIL	WORK ASSG (A-PRE/A-HLD)	06-29-2004 1700	07-16-2004 0305
OKL	UNASSG	UNASSIGNED HOLDOVER	05-24-2004 1755	06-29-2004 0800
LEW	UNASSG	UNASSIGNED WORK DETAIL	05-21-2004 1457	05-24-2004 1033
MCK	VACATION	VACATION	05-14-2004 0001	05-21-2004 1100
MCK	REC	RECREATION ORDERLY	03-23-2004 0001	05-14-2004 0001
MCK	CONV	CONVALESCENT	03-17-2004 1123	03-23-2004 0001
MCK	REC	RECREATION ORDERLY	06-15-2003 0001	03-17-2004 1123
MCK	IDLE	IDLE	06-13-2003 1021	06-15-2003 0001
MCK	REC	RECREATION ORDERLY	05-08-2003 0001	06-13-2003 1021

MCK	UNASSG	UNASSIGNED	04-25-2003 0001	05-08-2003 0001
MCK	I ASEMBLY1	ASSEMBLY 1	10-03-2002 0001	04-25-2003 0001
MCK	I LAYUP 1	LAYUP 1	09-03-2002 0001	10-03-2002 0001
MCK	ORD B B	ORDERLY B B	07-30-2002 0001	09-03-2002 0001
MCK	UNASSG	UNASSIGNED	07-24-2002 0001	07-30-2002 0001
MCK	A&O	ADMISSION & ORIENTATION	07-19-2002 0825	07-24-2002 0001
LEW	PAINT 2	PAINT 2	06-12-2002 0001	07-19-2002 0520
LEW	INS GM1	INSIDE GENERAL MAINT 1	06-04-2002 0001	06-12-2002 0001
LEW	INS FA	INSIDE FACILITY ASSISTANT	06-01-2002 0001	06-04-2002 0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	05-24-2002 0826	06-01-2002 0001
LEW	PAINT 2	PAINT 2	11-24-2001 0001	04-18-2002 1214
LEW	IDLE 3	IDLE #3 - 3 DAYS	11-21-2001 1510	11-24-2001 0001

G0002 MORE PAGES TO FOLLOW . . .

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PAGE 002 OF 002 *	WRK DETAIL	*	07:45:18

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LEW	UNASSG UNASSIGNED WORK DETAIL	05-12-2001 0712	05-30-2001 0001
LEW	PAINT 2 PAINT 2	04-18-2001 0001	05-12-2001 0712
LEW	UNASSG UNASSIGNED WORK DETAIL	03-19-2001 2114	04-18-2001 0001
ATL	UNASSG UNASSIGNED WORK DETAIL	02-21-2001 1910	03-19-2001 1113
OKL	UNASSG UNASSIGNED HOLDOVER	08-11-1999 1645	08-17-1999 0730
MIL	UNASSG UNASSIGNED WORK DETAIL	08-03-1999 1200	08-11-1999 1125
MIL	UNASSG UNASSIGNED WORK DETAIL	08-03-1999 1155	08-03-1999 1159

G0000 TRANSACTION SUCCESSFULLY COMPLETED

ASSEMBLY-PART

TERMINATION

PROGRAM CHANGE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

<input type="checkbox"/> 3	1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
<input type="checkbox"/> 3	2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26
<input type="checkbox"/> 3	3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22
4. Register Number		5. Resident Name (Last, First, Middle)
2 6 9 6 4 0 3 9		K E L L Y , L E S L I E
		6. Institution Code
		2 3 1

**Action Recommended**From:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
1 4 4	4	M C F T	1	7 0 6 6 8 7 0 1 0	A S S E M B L E R

1 = Hourly  
2 = G.P.W.  
3 = P.W.  
X = Apprentice

To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title

19. Effective Date  
Month, Day, Year

20. Time Of Action

21. Check One: AM PM

0 4 - 2 3 - 0 3

0 7 1 0

X

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released    2 = Transferred    3 = Program Change    4 = Inmate Request  
5 = Program Discontinued    6 = Control Purposes    7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes    0 = no    2 = no    (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By \_\_\_\_\_ Foreman Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Plant Superintendent Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Ass't Supt. Or Business Mgr. Date: \_\_\_\_\_

Entered On Payroll Records \_\_\_\_\_ Timekeeper Date: \_\_\_\_\_



**UNICOR**

Federal Prison Industries, Inc.

# Industrial Employment/IPRS Action Report

2 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

2 2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
 Enter 3 For Completion, Complete Items 4-6, 19  
 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code  
 25864-039 KELLY, LESLIE 231

## Action Recommended

From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title  
 012 4 MCFT 1 769687054 WD WRK SHOPHAND

1 = Hourly  
 2 = G.P.W.  
 3 = P.W.  
 X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title  
 044 4 MCFT 1 706687010 COMP ASSEMBLY LINE

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM  
 10-03-02 0710 X

22. Reason For Termination Of Employment Or Withdrawal  
 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status  
 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

## 26. Signatures:

Recommended By [Signature] Foreman

Date: 10/2/02

Approved By [Signature] Plant Superintendent

Date: \_\_\_\_\_

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: \_\_\_\_\_

Entered On Payroll Records [Signature] Timekeeper

Date: 10/3/02

LAYUP 1

INTERDEPARTMENTAL CHANGE

FROM LAYUP 1 TO LAYUP-PART

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****1**

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**2**

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
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**3**

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
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 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

2 6 8 6 4 0 3 9

K E L L Y , L E S L I E

2 3 1

**Action Recommended**From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

0 1 2

4

M C F T

1

7 6 9 6 8 7 0 5 4

W D W R K S H O P H A N D

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

19. Effective Date  
 Month, Day, Year

20. Time of Action

21. Check One: AM PM

0 9 - 1 1 - 0 2

0 7 1 0

☒☐

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By Foreman

Date: 9-10-02

Approved By Plant Superintendent

Date: 9/10/02

Approved By Ass't Supt. Or Business Mgr.

Date: 9/10/02

Entered On Payroll Records Timekeeper

Date: 9/9/02

**UNICOR McKean  
Federal Prison Industries, Inc.  
Federal Correctional Institution  
McKean, Pa. 16701**

**JOB DESCRIPTION REPORT**

Inmate's Name: Leslie Kelly Register Number: 26864-039  
Institution Code: 231 Industry Code: MCFT

Job Description: Woodworking Shophand Department: Layup 1

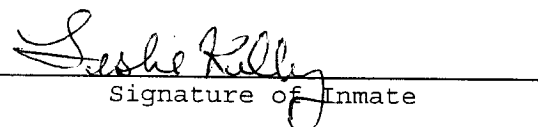
*Duties: Performs any combination of the following: cutting, cleaning, moving, storing or assembling. May also inspect parts for blemishes or defects. Off loads machines and fills in where needed. Responsible for the quantity and quality of all parts handled. All other duties as assigned in UNICOR.*

I have instructed inmate Leslie Kelly Reg. No. 26864-039  
in the proper procedures in which to implement his assigned work detail, which  
includes standard maintenance, safety procedures, and routine use.

  
Foreman

9-11-02  
Date

I have received proper instruction on how to implement my job assignment. If I  
have any problem with implementing my assigned job, I am instructed to contact  
my foreman immediately.

  
Signature of Inmate

26864039  
Register Number

9-11-02  
Date

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****3**

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**1**2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
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Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26**2**3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
Enter 3 For Completion, Complete Items 4-6, 19  
Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

26864-039

KELLY, LESLIE

231

**Action Recommended**From:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
012	4	MCFT	1	769687054	WD WRK SHOP HAND

1 = Hourly  
2 = G.P.W. — X = Apprentice  
3 = P.W.To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title

19. Effective Date  
Month, Day, Year

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21. Check One: AM PM

09-03-02

0710

X

**22. Reason For Termination Of Employment Or Withdrawal**1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**Recommended By [Signature] ForemanDate: 9-3-02Approved By [Signature] Plant SuperintendentDate: [Signature]Approved By [Signature] Ass't Supt. Or Business Mgr.Date: [Signature]Entered On Payroll Records [Signature] TimekeeperDate: 9-3-02



# F.C.I. McKean

## UNICOR FACTORY RULES AND SAFETY REGULATIONS FOR INMATE WORKERS

NAME: LESLIE Kelly UNIT: \_\_\_\_\_ LOCKER# \_\_\_\_\_ CHIT# \_\_\_\_\_

- 1) INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THE INMATE MUST IMMEDIATELY REPORT TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND AFTER RETURNING FORM A CALL-OUT.
- 2) ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES AT ALL TIMES WHILE IN THE FACTORY.
- 3) SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4) HEARING PROTECTION MUST BE WORN AT ALL WORK STATIONS THAT ARE DESIGNATED AS HIGH-NOISE LEVEL AREAS.
- 5) INMATES SHALL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6) INMATE WORKERS SHALL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A FOREMAN OR SUPERVISOR IS STRICTLY FORBIDDEN. VIOLATORS SHALL BE SUBJECT TO DISCIPLINARY ACTION.
- 7) OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR THE REMOVAL OF ANY SAFETY GUARDS IS FORBIDDEN. FAILURE TO COMPLY SHALL RESULT IN DISCIPLINARY ACTION.
- 8) HORSE PLAY WILL NOT BE TOLERATED, AND VIOLATORS ARE SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9) REPORT ALL SAFETY HAZARDS TO YOUR WORK SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 10) DESIGNATED FORKLIFT OPERATORS ARE THE ONLY INDIVIDUALS AUTHORIZED TO OPERATE THE FORKLIFT. DO NOT RIDE ON THE FORKLIFT OR PALLET TRUCK.
- 11) ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12) ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING ANY PERSONAL PROPERTY INTO UNICOR, OR REMOVING UNAUTHORIZED ITEMS FROM THE UNICOR FACTORY.
- 13) THE FABRICATION OR REPAIR OF PERSONAL ITEMS WITH UNICOR EQUIPMENT IS AGAINST REGULATIONS AND IS STRICTLY PROHIBITED.
- 14) THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN THE DESIGNATED SMOKING AREAS. ANY VIOLATION OF THIS RULE SHALL RESULT IN IMMEDIATE DISCIPLINARY ACTION AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15) WORK STOPS TEN (10) MINUTES PRIOR TO LUNCH FOR WASH UP, AND TWENTY (20) MINUTES PRIOR TO RECALL FOR TOOL CHECK IN AND ALSO TO WASH UP.
- 16) INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, LOSS OF LONGEVITY, LOSS OF GRADE, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17) INMATES WHO HAS BEEN TRANSFERRED FROM ANOTHER INSTITUTION FOR DISCIPLINARY PURPOSES, SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

I UNDERSTAND THE ABOVE RULES AND REGULATIONS, AND ALSO UNDERSTAND THAT DISREGARD FOR ANY OF THE ABOVE RULES SHALL CONSTITUTE A REASON FOR MY TERMINATION FROM UNICOR EMPLOYMENT.

NAME: LESLIE Kelly REG.# 26864059 DATE: 9-3-02

ASSIGNED DEPARTMENT: 1-LAY UP-1

Federal Prison Industries, Inc.  
UNICOR - McKean

P.O. Box 8000  
Phone #(814) 362-8900  
Fax #(814) 362-4151

## MEMORANDUM

---

DATE: March 27, 2002

REPLY TO:  
ATTN OF: Martin Sapko, Factory Manager

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store your issued safety glass, it is your responsibility and must be well cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost. Safety glasses are required for all production workers and **must** be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on \_\_\_\_\_, and I agree to the above conditions.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Reg. Number: \_\_\_\_\_

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 PAGE 001 \* WRK DETAIL \* 15:00:33

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PROGRAM CHANGE

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Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****3**

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**3**

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**3**

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19  
 Enter 3 For Completion, Complete Items 4 - 6, 19  
 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22

4. Register Number

2 6 8 6 4 0 3 9

5. Resident Name (Last, First, Middle)

K E L L Y , L E S L I E

6. Institution Code

2 3 1

**Action Recommended**From:

7. Job Number

8. Grade 1 - 4

9. Industry Code

10. Wage Plan

11. Dot Code

12. Position Title

0 4 4 4

M C P T

1

7 0 6 6 8 7 0 1 0

A S S E M B L E R

1 = Hourly  
 2 = G.P.W.  
 3 = P.W.  
 X = Apprentice

To:

13. Job Number

14. Grade 1 - 4

15. Industry Code

16. Wage Plan

17. Dot Code

18. Position Title

19. Effective Date  
Month, Day, Year

0 4 - 2 5 - 0 3

20. Time Of Action

0 7 1 0

21. Check One: AM PM

X

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**Recommended By T. Halapen ForemanDate: 4/25/03Approved By T. Halapen Plant SuperintendentDate: 4/25/03Approved By T. Halapen Ass't Supt. Or Business Mgr.Date: 4/25/03Entered On Payroll Records CL Minnaway TimekeeperDate: 4/25/03



**UNICOR**

Federal Prison Industries, Inc.

# Industrial Employment/IPRS Action Report

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3  
**2**

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
**2** Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
☐ Enter 3 For Completion, Complete Items 4-6, 19  
 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number **25864-039** 5. Resident Name (Last, First, Middle) **KELLY, LESLIE** 6. Institution Code **231**

**Action Recommended**

From:

7. Job Number **012** 8. Grade 1 - 4 **4** 9. Industry Code **MCFT** 10. Wage Plan **1** 11. Dot Code **769687054** 12. Position Title **WD WRK SHOPHAND**

1 = Hourly  
 2 = G.P.W.  
 3 = P.W.  
 X = Apprentice

To:

13. Job Number **044** 14. Grade 1 - 4 **4** 15. Industry Code **MCFT** 16. Wage Plan **1** 17. Dot Code **706687010** 18. Position Title **COMP ASSEMBLY LINE**

19. Effective Date Month, Day, Year **10-03-02** 20. Time of Action **0710** 21. Check One: AM ☐ PM ☒

22. Reason For Termination Of Employment Or Withdrawal  
 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status  
 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By *[Signature]* Foreman Date: *10/2/02*  
 Approved By *[Signature]* Plant Superintendent Date: *10/2/02*  
 Approved By *[Signature]* Ass't Supt. Or Business Mgr. Date: *10/2/02*  
 Entered On Payroll Record *[Signature]* Timekeeper Date: *10/2/02*



LAYUP 1

INTERDEPARTMENTAL CHANGE

FROM LAYUP 1 TO LAYUP-PART

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report****1**

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**2**

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

**3**

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
 Enter 3 For Completion, Complete Items 4-6, 19  
 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

2 6 8 6 4 0 3 9

K E L L Y , L E S L I E

2 3 1

**Action Recommended**From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

0 1 2 4 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D

1 = Hourly  
 2 = G.P.W.  
 3 = P.W.  
 X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM

0 9 - 1 1 - 0 2

0 7 1 0

X

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By [Signature] Foreman

Date: 9-10-02

Approved By [Signature] Plant Superintendent

Date: 9/10/02

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: 9/9/02

Entered On Payroll Records [Signature] Timekeeper

Date: 9/9/02





# UNICOR

Federal Prison Industries, Inc.

# Industrial Employment/IPRS Action Report

**3** 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

2.	If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
----	------------------	---

3.	If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19
		Enter 3 For Completion, Complete Items 4-6, 19
		Enter 4 For Withdrawal. Complete Items 4-6, 19, 22

4. Register Number	5. Resident Name (Last, First, Middle)	6. Institution Code
26864-039	KELLY, LESLIE	231

### Action Recommended

From:

7. Job Number			8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title																							
0	1	2	4	M	C	F	T	1	7	6	9	6	8	7	0	5	4	W	D	W	R	K	S	H	O	P	H	A	N	D

1 = Hourly  
2 = G.P.W.  
3 = P.W.

X = Apprentice

To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title

19. Effective Date Month, Day, Year	20. Time of Action	21. Check One:	AM	PM
--	--------------------	----------------	----	----

0	9	-	0	3	-	0	2		0	7	1	0		x	
---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	--

**22 . Reason For Termination Of Employment Or Withdrawal**

1 = Released    2 = Transferred    3 = Program Change    4 = Inmate Request  
5 = Program Discontinued    6 = Control Purposes    7 = Institutional Needs

### 23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

## 25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By W. H. Hill Foreman

Date: 9-3-02

Approved By \_\_\_\_\_ Plant Superintendent

Date: 7/3/2

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: 1/30/2

Entered On Payroll Records Inda K. Ford Timekeeper

Date: 9-3-02

# UNICOR

(FCI McKEAN)

*Am Bank*  
BB

## "Notice of Unsatisfactory Work Performance"

Name: Kelly, Leslie Number: 26864-039 Date: 4-11-03  
(Last, First)

UNICOR McKean start date: \_\_\_\_\_ Current Grade: 4 Unit: \_\_\_\_\_ This is to  
advise you of your unsatisfactory work performance on: \_\_\_\_\_

Specifically: FOUND NOT WEARING SAFETY GLASSES AT  
9:11 AM IN ASSEMBLY DEPT

### Supervisor's Recommendation:

- 1) Written Warning \_\_\_\_\_
- 2) Grade Reduction from \_\_\_\_\_ to \_\_\_\_\_; No. of days \_\_\_\_\_
- 3) Job Change \_\_\_\_\_
- 4) Removal \*\* CONSTANT SUPERVISION PROBLEM
- 5) Other: \_\_\_\_\_

\*\* Third offenses, whether related acts, or not, automatically require the recommendation for "Removal".  
All recommendations for "Removal" must be approved by the Superintendent of Industries.

NOTE: Your signature is not an admission of guilt. It merely indicates that you have been counselled concerning this matter.

\_\_\_\_\_  
Inmate Signature Date

*[Signature]* 4-11-03  
Staff Signature Date

Final disposition: Removal due to chronic management issues  
and progressive unsatisfactory work  
performance.

*[Signature]* 4/23/03  
Superintendent of Industries Date

# UNICOR

(FCI McKEAN)

## "Notice of Unsatisfactory Work Performance"

Name: Kelly, LESLIE Number: 26864-039 Date: 3-26-03  
 (Last, First)

UNICOR McKean start date: — Current Grade: — Unit: B-B This is to advise you of your unsatisfactory work performance on: —

Specifically: MR KELLY HAS BEEN PREVIOUSLY VERBALLY WARNED ABOUT CROWDING IN LINE TO EXIT THE FACTORY. HE AGAIN CROWDED TO THE FRONT ON 3-25-03 AT 3:07 PM. MR. KELLY IS A MANAGEMENT PROBLEM, AND NEEDS CONSTANT SUPERVISION, MY RECOMMENDATION IS THEREFORE REMOVAL AS HE HAS 3-WRITTEN WARNING IN ADDITION TO SEVERAL VERBAL

### Supervisor's Recommendation:

- 1) Written Warning —
- 2) Grade Reduction from — to —; No. of days —
- 3) Job Change —
- 4) Removal \*\* —
- 5) Other: —

\*\* Third offenses, whether related acts, or not, automatically require the recommendation for "Removal". All recommendations for "Removal" must be approved by the Superintendent of Industries.

**NOTE:** Your signature is not an admission of guilt. It merely indicates that you have been counselled concerning this matter.

Inmate Signature

Date

Staff Signature

Date

Final disposition: —

Superintendent of Industries

Date

# UNICOR

(FCI McKEAN)

## "Notice of Unsatisfactory Work Performance"

Name: KELLY LESLIE Number: 26864-039 Date: 12/13  
(Last, First)

UNICOR McKean start date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Unit: B-04 This is to  
advise you of your unsatisfactory work performance on: 12-13-02

Specifically: HAS BEEN PREVIOUSLY WARNED ABOUT LEAVING  
HIS AREA WHEN WORK NEEDS TO BE DONE. IN THIS  
CASE HE WAS ABSENT, THUS I HAD TO LOCATE him TO GET  
TO HIS AREA. AT THIS TIME HE PROCEEDED TO ARGUE WITH  
ME.

### Supervisor's Recommendation:

1) Written Warning

2) Grade Reduction from \_\_\_\_\_ to \_\_\_\_\_; No. of days \_\_\_\_\_

3) Job Change \_\_\_\_\_

4) Removal \*\* \_\_\_\_\_

5) Other: \_\_\_\_\_

\*\* Third offenses, whether related acts, or not, automatically require the recommendation for "Removal".  
All recommendations for "Removal" must be approved by the Superintendent of Industries.

NOTE: Your signature is not an admission of guilt. It merely indicates that you have been counselled concerning  
this matter.

REFUSED  
Inmate Signature

Date

[Signature]  
Staff Signature

12/13/02  
Date

Final disposition: \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Industries

\_\_\_\_\_  
Date

# UNICOR

(FCI McKEAN)

## "Notice of Unsatisfactory Work Performance"

Name: Kelly, LESLIE (Last, First) Number: 26864-039 Date: 9-18-02

UNICOR McKean start date:                      Current Grade:                      Unit: B-B This is to advise you of your unsatisfactory work performance on: 9-18-02

Specifically: RETURNED LATE FROM LUNCH

### Supervisor's Recommendation:

1) Written Warning                     

2) Grade Reduction from                      to                     ; No. of days                     

3) Job Change                     

4) Removal \*\*                     

5) Other:                     

\*\* Third offenses, whether related acts, or not, automatically require the recommendation for "Removal". All recommendations for "Removal" must be approved by the Superintendent of Industries.

NOTE: Your signature is not an admission of guilt. It merely indicates that you have been counselled concerning this matter.

Leslie Kelly  
Inmate Signature

9-18-02  
Date

[Signature]  
Staff Signature

9-18-02  
Date

Final disposition:                     

Superintendent of Industries

Date

## Employee Work History

NAME: Kelly, Leslie NO. #26864-039HIRE DATE: 09/03/02 Prior UNICOR Credit Accepted: 15 MonthsYear 2002

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep	16	7:30		7:30	
Oct	17	3:45		11:15	
Nov	18	3:45		15:00	
Dec	19	3:45		18:45	

Year 2003

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan	20	3:45		22:30	
Feb	21	3:45		26:15	
Mar	22	3:45		30:00	
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

Year 2004

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

GEO Progress Satisfactory 5/1/01  
NON Promotable 4/19/01MCK2G 531.01 \*  
PAGE 001 OF 001 \*INMATE HISTORY  
WRK DETAIL\* 08-28-2002  
\* 20:16:02REG NO.: 26864-039 NAME: KELLY, LESLIE ROMILE  
CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	ORD B B	ORDERLY B B	07-30-2002 0001	CURRENT
MCK	UNASSG	UNASSIGNED	07-24-2002 0001	07-30-2002 0001
MCK	A&O	ADMISSION & ORIENTATION	07-19-2002 0825	07-24-2002 0001
LEW	PAINT 2	PAINT 2	06-12-2002 0001	07-19-2002 0520 2
LEW	INS GM1	INSIDE GENERAL MAINT 1	06-04-2002 0001	06-12-2002 0001
LEW	INS FA	INSIDE FACILITY ASSISTANT	06-01-2002 0001	06-04-2002 0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	05-24-2002 0826	06-01-2002 0001
LEW	PAINT 2	PAINT 2	11-24-2001 0001	04-18-2002 1214 5
LEW	IDLE 3	IDLE #3 - 3 DAYS	11-21-2001 1510	11-24-2001 0001
LEW	PAINT 2	PAINT 2	05-30-2001 0001	11-21-2001 1510 6
LEW	UNASSG	UNASSIGNED WORK DETAIL	05-12-2001 0712	05-30-2001 0001
LEW	PAINT 2	PAINT 2	04-18-2001 0001	05-12-2001 0712 2
LEW	UNASSG	UNASSIGNED WORK DETAIL	03-19-2001 2114	04-18-2001 0001
ATL	UNASSG	UNASSIGNED WORK DETAIL	02-21-2001 1910	03-19-2001 1113
OKL	UNASSG	UNASSIGNED HOLDOVER	08-11-1999 1645	08-17-1999 0730
MIL	UNASSG	UNASSIGNED WORK DETAIL	08-03-1999 1200	08-11-1999 1125
MIL	UNASSG	UNASSIGNED WORK DETAIL	08-03-1999 1155	08-03-1999 1159

S11

LAVUE I

5917527

PRION

OK

DOT  
769687054

9/3/02

G0000 TRANSACTION SUCCESSFULLY COMPLETED



MCK2G \* INMATE DISCIPLINE DATA \* 08-28-2002  
PAGE 001 OF 001 \* CHRONOLOGICAL DISCIPLINARY RECORD \* 20:16:10

REGISTER NO: 26864-039 NAME.: KELLY, LESLIE ROMILE  
FUNCTION...: PRT FORMAT: CHRONO LIMIT TO \_\_\_\_ MOS PRIOR TO 08-28-2002

-----  
REPORT NUMBER/STATUS.: 883347 - SANCTIONED INCIDENT DATE/TIME: 05-12-2001 0705

DHO HEARING DATE/TIME: 05-22-2001 1300

FACL/CHAIRPERSON.....: LEW/EMORY D

REPORT REMARKS.....: ADMITS

307 REFUSING TO OBEY AN ORDER - FREQ: 1

DIS GCT / 7 DAYS / CS

COMP:010 LAW:P

DS / 15 DAYS / CS / SUSPENDED 180 DAYS

COMP: LAW:

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

MCK2G  
PAGE 001\*  
\*INMATE EDUCATION DATA  
TRANSCRIPT\* 08-29-2002  
\* 14:11:01REGISTER NO: 26864-039 NAME...: KELLY  
FORMAT.....: TRANSCRIPT RSP OF: MCK-MCKEAN FCI

FUNC: DIS

## ----- EDUCATION INFORMATION -----

FACL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	ESL HAS	ENGLISH PROFICIENT	03-20-2001 1334	CURRENT
MCK	GED EN	ENROLL GED NON-PROMOTABLE	04-19-2001 1317	CURRENT
MCK	GED SAT	GED PROGRESS SATISFACTORY	05-01-2001 1028	CURRENT

## ----- EDUCATION COURSES -----

SUB-FACL	DESCRIPTION	START DATE	STOP DATE	EVNT	AC	LV	HRS
MCK	GED CLASSROOM 6,0930-1130, M-F	07-29-2002	CURRENT				
LEW	READING CLASS M-F 9-11AM	06-19-2001	04-18-2002	P	W	I	324
LEW	GED SELF STUDY	05-01-2001	06-19-2001	C	W	I	0

## ----- HIGH TEST SCORES -----

TEST	SUBTEST	SCORE	TEST DATE	TEST FACL	FORM	STATE
ABLE	LANGUAGE	4.0	06-06-2001	LEW	E	
	NUMBER OPR	4.1	06-06-2001	LEW	E	

G0002 MORE PAGES TO FOLLOW . . .

MCK2G  
PAGE 001INMATE EDUCATION DATA  
TRANSCRIPT\* 08-29-2002  
\* 14:11:01REGISTER NO: 26864-039 NAME...: KELLY  
FORMAT.....: TRANSCRIPT RSP OF: MCK-MCKEAN FCI

FUNC: DIS

----- EDUCATION INFORMATION -----

FACL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	ESL HAS	ENGLISH PROFICIENT	03-20-2001 1334	CURRENT
MCK	GED EN	ENROLL GED NON-PROMOTABLE	04-19-2001 1317	CURRENT
MCK	GED SAT	GED PROGRESS SATISFACTORY	05-01-2001 1028	CURRENT

----- EDUCATION COURSES -----

SUB-FACL	DESCRIPTION	START DATE	STOP DATE	EVNT	AC	LV	HRS
MCK	GED CLASSROOM 6,0930-1130, M-F	07-29-2002	CURRENT				
LEW	READING CLASS M-F 9-11AM	06-19-2001	04-18-2002	P	W	I	324
LEW	GED SELF STUDY	05-01-2001	06-19-2001	C	W	I	0

----- HIGH TEST SCORES -----

TEST	SUBTEST	SCORE	TEST DATE	TEST FACL	FORM	STATE
ABLE	LANGUAGE	4.0	06-06-2001	LEW	E	
	NUMBER OPR	4.1	06-06-2001	LEW	E	

G0002 MORE PAGES TO FOLLOW . . .

MCK2G \*  
PAGE 002 OF 002 \*

INMATE EDUCATION DATA  
TRANSCRIPT

\* 08-29-2002  
\* 14:11:01

REGISTER NO: 26864-039  
FORMAT.....: TRANSCRIPT

NAME...: KELLY  
RSP OF: MCK-MCKEAN FCI

FUNC: DIS

----- HIGH TEST SCORES -----						
TEST	SUBTEST	SCORE	TEST DATE	TEST FACL	FORM	STATE
ABLE	PROB SOLV	4.9	06-06-2001	LEW	E	
	READ COMP	3.7	06-06-2001	LEW	E	
	SPELLING	3.0	06-06-2001	LEW	E	
	VOCABULARY	5.3	06-06-2001	LEW	E	

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM  
APR 94

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO:

Cook

DATE

0 10/1/02

(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details):

I would appreciate being REASIGNED to  
Assembly I thank you in advance for your  
time & consideration

OK [Signature] ASAP  
Brook  
10-1-02

(Use other side of page if more space is needed)

NAME:

Kelly, Leslie26864NO: 039

WORK ASSIGNMENT:

LAYUPUNIT: BB

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION:

(Do not write in this space)

Entered into IPS 10/2/02Effective ~~to~~ IPS10/3/02[Signature]

DATE

MOVE FROM  
LAYUP I  
TO  
ASSM I

10/3/02

Officer

# UNICOR

## FEDERAL PRISON INDUSTRIES, INC.

Federal Correctional Institution  
McKean Office Furniture  
P.O. Box 6000  
Bradford, PA. 16701

### FACSIMILE TRANSMITTAL COVER SHEET

Date: 09/03/02

To: UNICOR Business Office

FPI USP LEWISBURG

From: Chris Mincemoyer, Accountant  
FCI McKean, Pennsylvania

Please provide the following information on the recently hired inmate who was transferred from your location. Thank you in advance for your prompt reply!

Name: KELLY, LESLIE

Number: #26864-039

Last Grade Received: \_\_\_\_\_ Longevity Upon Leaving: \_\_\_\_\_

Inmate Left Your Facility on or about: 07 / 19 / 02

Number Of Pages \_\_\_\_\_ (Excluding Cover Sheet)

\* If You Did Not Receive A Good Copy, Please Call:

Commercial Number: 814-362-8900 Ext. 3510

UNICOR FAX Number: 814-362-4151

Institution FAX Number: 814-362-3287

# UNICOR

## FEDERAL PRISON INDUSTRIES, INC.

Federal Correctional Institution  
McKean Office Furniture  
P.O. Box 6000  
Bradford, PA. 16701

### FACSIMILE TRANSMITTAL COVER SHEET

Date: 09/03/02

To: UNICOR Business Office

FPI USP LEWISBURG

From: Chris Mincemoyer, Accountant  
FCI McKean, Pennsylvania

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Name: KELLY, LESLIE

Number: #26864-039

Last Grade Received: \_\_\_\_\_ Longevity Upon Leaving: \_\_\_\_\_

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Commercial Number: 814-362-8900 Ext. 3510

UNICOR FAX Number: 814-362-4151

Institution FAX Number: 814-362-3287